

TOWN OF DAVIE  
6591 S.W. 45 STREET  
DAVIE, FLORIDA 33314  
(954)797-1112

## HOME OCCUPATIONAL LICENSE APPLICATION

**INSTRUCTIONS:** For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

### APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: FireWatch, Inc.  
BUSINESS STREET ADDRESS: 4301 SW 77 Ave. ZIP 33328  
BUSINESS MAILING ADDRESS: Same ZIP \_\_\_\_\_  
BUSINESS PHONE: (954) 475-0197  
DESCRIBE TYPE OF BUSINESS: Fire Alarm Contractor  
BUSINESS IS: Corporation ☒ Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>James Bailey</u>	<u>4301 SW 77 Ave</u>	<u>Davie, FL 33328</u>	<u>(954) 475-0197</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number 65-0903758

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 99, and must be renewed before October 1st.

**This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.**

James Bailey, Pres.

Print Owner or Officers Name and Title

James Bailey

Signature of Owner or Officer

Office Use Only: Date <u>4/29/99</u>		Category <u>04100</u>	Fee <u>36.75</u>	Rec# <u>185501</u>	New <input checked="" type="checkbox"/> Trans _____
License # <u>99-12304</u>	Control # <u>10688</u>	Zoning <u>A-1</u>			
Council approval Required _____ Yes _____ No _____		Zoning Approval _____ Date _____			
Town Council Date _____		Approved _____		Denied _____	
Tabled To _____		Approved _____		Denied _____	
TOWN CLERK APPROVAL _____					

4/98

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION